MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02490

Reg. Dist. No. 51

1. PLACE OF DEATH· COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) LABORN	(Middle) CUMMINS	(Last) ASHBY	4. DATE OF DEATH	(Month) March	(Day) 16	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH July 7, 1880	9. AGE last birthday 68 yrs.	If under 1 year Months 8	Days 9	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timberman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Joseph C. Ashby	14. MOTHER'S MAIDEN NAME Dashpia Puckett						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 226-14-3997	17. INFORMANT Callie Ashby					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

331 Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 10, 1949, to March 16, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE R. D. Willaurel (Degree or title) — ADDRESS St Leonard, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Mar. 19, 1949	NAME OF CEMETERY OR CREMATORY Full Gospel Church	LOCATION (City, town, or county) Prince Frederick, (State) Md.
DATE REC'D BY LOCAL REG. 3-18-49	REGISTRAR'S SIGNATURE H. W. Ward	24. FUNERAL DIRECTOR A. A. Harkness & Son	ADDRESS Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02491
Reg. Diat. No.

1. PLACE OF DEATH:
County: Calvert
City or town: Willows (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Willows P.O. (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Rosalie Chew.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	single

6.(b) Name of husband or wife: —
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): June 1'48

8. AGE: Years | Months: 9 | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Plum Point Md. (Town, county, and state)
10. Usual occupation: —
11. Industry or business: —

FATHER
12. Name: Louis Chew
13. Birthplace: Parrans, md

MOTHER
14. Maiden name: Ella Hubley
15. Birthplace: Plum Point Md.

16. Informant
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-30-49 (month) (day) (year)
Cemetery or crematory: Plum Point (Church)
Location: Plum Point, Md.
18. Funeral director: Leroy E. Berry
Address: Prince Frederick, Md.
19. 3.29 1949 (Date rec'd by registrar) H. H. Hood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/28 1949, at P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/24 1949, to 3/28 1949 and that I last saw her alive on 3/28 1949

Immediate cause of death	DURATION
Bronchio-pneumonia	
Due to:	
491	
Due to:	
107	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Huntingtown Date signed 3/29/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
APR 2 1949
BUREAU V. S.

Evidence for addition of #18 on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02492

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: N. Beach. — LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cal
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: N. Beach
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Josephine Ewald

4. DATE OF DEATH (Month) (Day) (Year): Mar 5 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 2 Mar 1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Emma J. (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 Immediate cause (a) Lobar Pneumonia (4/26/49 S) — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

108 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/28, 1949, to 3/5, 1949, that I last saw the deceased alive on 3/4, 1949, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: Huntingtown — DATE SIGNED: 3/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar. 8 — NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem DC — LOCATION (City, town, or county): Washington — (State): DC

DATE REC'D BY LOCAL REG.: Mar 5 1949 — REGISTRAR'S SIGNATURE: Grace L. Hutchins

24. FUNERAL DIRECTOR: J. William Lee — ADDRESS: Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02493

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) (Last) Gross.

4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 1949

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 14, 1886
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Adelina, Calvert Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Moses Gross
14. MOTHER'S MAIDEN NAME Georgana Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Katherine Gross.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1948, to March 8, 1949, that I last saw the deceased alive on Jan 12, 1949, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Prince Frederick DATE SIGNED 3/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-11-49
NAME OF CEMETERY OR CREMATORY Carroll's
LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 3-11-49
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P.E. Sewell. ADDRESS Prince Frederick.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU OF S

02494

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Parran
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md ~~Calvert~~ County Calvert

City or town Parran
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME May Peggy Lee Harrod

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1949

8. AGE: Years | Months 1 | Days 6 | If less than one day — hrs. — min.

9. Birthplace Parrans, Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name George Harrod
13. Birthplace Dares, Md.

MOTHER
14. Maiden name Geneva Greene
15. Birthplace Wilson, Md.

16. Informant Parent

Address Parrans, Md.

17. ~~Cem~~ Burial Date thereof 2-9-49
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Plum Point

18. Funeral director Leroy E. Perry (Mortician)

Address Prince Frederick, Md.

19. 3-7 1949 H. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1949, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/7 1949, to 3/8 1949 and that I last saw her alive on 3/7 1949

Immediate cause of death Bronchopneumonia

Due to 491

Due to 107

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Warren Mc M. D. or other

Address Huntingtown Date signed 3/8/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 31 1949
BUREAU

Evidence for addition in cause of death

02495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 1[illegible] APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parran
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parran
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) R. (Last) PADDY
4. DATE OF DEATH (Month) Mar. (Day) 16 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH July 1, 1862
9. AGE last birthday 86 yrs. If under 1 year Months 8 Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thorton Dorsey
14. MOTHER'S MAIDEN NAME Mary Hutchins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Dorsey Hance

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiac Disease

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Hip 1947

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 12/27/47 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell on rug. (4/26/49-as)

22. I hereby certify that I attended the deceased from April 4, 1948, to March 10, 1949, that I last saw the deceased alive on Jan 6, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Fage [illegible] (Degree or title) ADDRESS Prince Frederick DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 18, 1949
NAME OF CEMETERY OR CREMATORY All Saints Cemetery
LOCATION (City, town, or county) Sunderland (State) Md

DATE REC'D BY LOCAL REG. 3-18-49
REGISTRAR'S SIGNATURE H. N. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

02496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broomes Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) E. (Last) Sewell
4. DATE OF DEATH (Month) March (Day) 5, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 29, 1865
9. AGE last birthday 83 yrs. If under 1 year Months 2 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Polk
14. MOTHER'S MAIDEN NAME Emily Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Marion Hauenstein

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

331 Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Generalized arterio-sclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 3-5, 1949, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. de Villarreal E. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 8, 1949
NAME OF CEMETERY ~~OR CREMATORY~~ Broomes Island
LOCATION (City, town, or county) Broomes Island, (State) Md

DATE REC'D BY LOCAL REG. 3-7-49
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Hackness & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1949
BUREAU V. S.

EVIDENCE FOR CORRECTION OF AGE IS ON!

02497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 119 MAR 29 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) Life; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; STREET ADDRESS (If rural give location) Prince Frederick Rd

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-6-1882

9. AGE last birthday: ~~66~~ 66 yrs. If under 1 year: Months 11 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Thomas

14. MOTHER'S MAIDEN NAME: P

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 19 49, to 3/31, 19 49, that I last saw the deceased alive on 3/30, 19 49, and that death occurred at 6.30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emp Dr. H. M. Prince Prince Frederick

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 3-34-49; NAME OF CEMETERY OR CREMATORY Plum Point; LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR P. E. Sowell ADDRESS Prince Frederick

Direct - Mail copy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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